Reset Form Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Name of Filing Committee, Candidate or Lobbyist Street Address Type of Report (Place x under report type) 1. 5" Tuesday 2. 2" Friday 3. 30 Day Post 4. 6" Tuesday 5. 2" Friday Pre-Primary Pre-Primary Pre-Primary Pre-Primary Pre-Election Pre-Election Election Pre-Election Pre-	Filer Identification Number		Report Filed By (Mark X)		ite 🔻 📉	Committee	<u> </u>	Lobbyist
Street Address Town HALL RD, W-	Name of Filing Comm Lobbyist	littee, Candidate or	TYCAN	A ()	<u> </u>	<u> </u>		
Type of Report (Place x under report type) 3.5 en Toesday 2. 2 en Priday 3. 30 pay Post 4. 6 ph Tuesday 5. 2 en Priday 1. 6. 30 pay Post 7. Annual Special 2. 7 Friday 1. 6. 30 pay Post 7. Annual Special 2. 7 Friday 1. 6. 30 pay Post 7. Annual Special 2. 7 Friday 1. 6. 30 pay Post 7. Annual Special 2. 7 Friday 1. 6. 30 pay Post 7. Annual Special 2. 7 Friday 1. 6. 30 pay Post 7. Annual Special 2. 7 Friday 1. 7 F	200 C C C C C C C C C C C C C C C C C C		DEBR	Name of Street, or other Desired				·· -
Type of Report (Place x under report type) 3. 6° Tuesday 2. 2° Friday 3. 30 Day Post 4. 6° Tuesday 5. 2° Friday 6. 30 Day Post 7. Annual Special 2° Friday Pre-Frimary Pre-Frimary Pre-Flection Pre-Election Pre-Ele	City	EOIL	1154	State	UNHAL	L. KD,		
A Fin Tuesday 2, 2" Friday 3-30 Day Post 4-6" Tuesday 5-2" Friday 5-30 Day Post 7- Annual Special 2" Friday Pre-Primary Pr	Type of Report (Place				PA	zip code	1650	9
Pre-Primary Primary Primary Primary Primary Primary Pre-Election Pre-E				Wander and book	live and a second			-
Amendment Report Recipts and From Date To Date For Office Use Only A. Amount Brought Forward From Last Report S B. Total Monetary Contributions and Receipts S C. Total Funds Available S C. Total Funds S Available S C. Total	Pre-Primary Pre-P	 (i) Y. T. P. OCH, M. MORE, M. P. M. M.				7- Annual	Special 2 nd Friday Pre-Election	80 · 整 · 整 · 在 · 2 · 10 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 ·
Summary of Receipts and From Date To Date For Office Use Only A. Amount Brought Forward From Last Report: B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available S O Total Funds O Tot		11-7-17	Year 2	017	to purely from the book with the left of the			
From Schedule 1)	Expenditures	1-1-17	10-23	3-17		For		<u> </u>
Part 1- If this is a Committee report, treasurer sign here. If this is a Catalidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules dispaper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this day of COO 20 DAY YR. Printed Name Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. Swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as sworn to and subscribed before me this day of 20 Signature Printed Name Printed Name Printed Name Printed Name Printed Name	(From Schedule I) C. Total Funds Availabl (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from L F. Value of In-Kind Con (From Schedule II) G. Unpaid Debts and O	ine C) tributions Received	\$ 0 \$ 56L \$ 0 \$ 0	1.34			RIE COUNTY RREGISTRATI	
Sworn to and subscribed before me this Signature	Part 1- If this is a Committee	e report, treasurer sign her	Elif this is a Called				and the same	
iworn to and subscribed before me this day of	Sworn to and subscribed by day of Signature	efore me this COOC 20 1 1 - - - - - - - - - - -	schedules of pap	er, is to the b	est of my knowled Augustus Signature Figure 14	of Person Submit	versen VERON 6-2653	e
iworn to and subscribed before me this day of	Part II- If this is a report of a	Candidate's Authorized Co	mmittee , candidate	shall sign here	<u>. </u>			
Signature of Candidate Printed Name My Commission expires MO. DAY YR	amended. Sworn to and subscribed be	ie best of my knowledge and	belief this political	committee ha	s not violated any	provisions of the	Act of June 3, 1937 (P.	L. 1333, NO.320) as
Signature Printed Name My Commission expires	day of	20	1		e	A	<u> </u>	_
/ly Commission expires	Signature		j.				e	_
MO. DAY YR	_		, 1		Р	rinted Name		
		D. DAY YR.		Area	a Code	Daytim	e Telephone Number	-

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	DEBRA C	4ME	RON
1.Unitemized Contributions and Receipt	ts-\$50:00 or Less per Contributor		
understen der sten ich der Teiler (2005) geben der stellt in der Stellte einstelle Stellte ein der Stellte ein	Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (Part A and Part B)	From	1	
Contributions Received from Political Con	mmittees (Part A)	\$	
All Other Contributions (Part B)		\$	
	Total for the reporting period (2)	\$	· ·
3. Contributions Over \$250.00 (From Pa	rt C and Part D)		
Contributions Received from Political Con	mmittees (Part C)	\$	
All Other Contributions (Part D)		\$	
	Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earl	ned, Returned Checks (From Part E)		
	Total for the reporting period (4)	\$	7)
Total Monetary Contributions and Receip enter amount totals from Boxes 1, 2, 3 ar Cover Page, Item B)	ots during this reporting period (Add and and 4; also enter this amount on Page 1, Report	\$	V
		1	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

The identification		DE	SA CAM	ERON
				Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] 5
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
		,		
City		State	Zip Code	Date [MM/DD/YYYY] \$
		\$7,000		
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$
Commence of the commence of th				
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	Optical contractor Contractors.			
Full Name of Co Committee	ntributing		\ /	Date [MM/DD/YYYY] \$
House #	Street Address		-	Date [MM/DD/YYYY] \$
		Programme .	F122 2 1012 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ntelbuting .			Date [MM/DD/YYYY] \$
Committee	111111111111111111111111111111111111111		/ \	330-300-07-07-07-0
House #	Street Address			Date [MM/DD/YYYY] \$
			/ \	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$
Committee				
House #	Street Address		-/	Date [MM/DD/YYYY] \$
City		State	/ Zip Code //	Date [MM/DD/YYYY] 5
Full Name of Co	ntributing	400 0 000001	1	Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer identification Number:	DEBRA CAMER	ON	Ņ
Full Name of Contributor		Date [MM/DD/XYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	10.
Gity	State Zip/Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip/Code	Date [MM/DD/XYYY] \$	
Full Name of Contributor		Date [MM//DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY) \$	
City	State Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] S	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House# Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor		Date:[MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	0

PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer identification Number:		EBRA (AMEROW	√
Full Name of Contributing Committee			Date [MM/DD/YYYYY] \$	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addre		[27/54.wu]	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	THE STATE OF THE S			
House # Street Addre	<u> </u>		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	5316	/_	Date [MM/DD/YYYY] \$	
House # Street Addr		Zip Góde	Date [MM/DD/YYYY] \$	
City Full Name of	State	zip code	Date [MM/DD/YYYY] \$	
Contributing Committee	200	/	Date [MM/DD/YYYY] \$	
		Zip Code	Date [MM/DD/YYYY] \$	i
City Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee House:# Street Addi	ress		Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	7
City	Jace	Zip coue	-	U

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	DEB	24 CAME	ERON
Eull Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Addr	ess	<u> </u>	Date [MM/DD/XYYY] \$
City	State	Zip Code.	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Date [MM/DD/YYYY] \$
Full Name of Contributor			
House # Street Add	ress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business Full Name of Contributor			_bate [MM/DD/YYYY] 5
House# Street Add	ress		Data [MM/DD/YYYY] 5
City City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business Full Name of Contributor			Date [MIM/DD/XYYY]
			Date [MM/DD/YYYY] \$
House # Street Add		Processing and Constitution of	Date [MM/DD/YYYY] \$
City	State	Zip:Code	
Employer Name Employer Mailing Address /			(Occupation

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification N	ımberi	DEBR	A CAM	MERON	<u> </u>
Full Name					
House#	Street Address				
		State	Zip	Date [MM/DD/YYYY] \$	
City			Code		
Receipt Description	11	[[[[]]]]			
Full Name					
House #	Street Address		·		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description	n c	10 mm 27 (376)			
Full Name		<u> </u>			
House #	Street Address		$\overline{}$		
City		State	Zip.	Date [MM/DD/YYYY]	
			Code		
Receipt Descripti	on .				
Full Name	168 188 188				
House#	Street Address	- 1500	The constitution of the co		6
City		State	/ Zip / Code	Date [MM/DD/YYYY]	3
Receipt Descripti	on				
Full Name		/			
House #	Street Address		<u> </u>		-
City		State.	Zip.	Date [MM/DD/YYYY]	\$
City			Code		
Receipt Descript	ion				
Full Name					
House #	Street Address	ica wasani		Date [MM/DD/YYYY]	
City		State	Zip Code	San-1111111125211111111	\$
Receipt Descript	ion	\$10.9ee1.0e.010.0e.1			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

OO OR LESS PER CONTRIBUTOR \$
\$
/ Sverom:Parte)
X = I
\$
PART/G)
4
\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor Full Name of Contributor Poste [MM/DD/YYYY] S Date [MM/DD/YYYY] S	Filer Identification Number:		IEBRA LA	MERON	
Date MM/DD/YYYY S	Full Name of Contributor			Date [MM/DD/YYYY] \$	
Description of Contributor Full Name of Contributor House # Street Address City	House # Stree	et Address		Date [MM/DD/YYYY] \$	
Description of Contributor Full Name of Contributor Full Name of Contributor Date [MM/DD/YYYY] State City Description of Contributor Full Name of Contributor Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] S	AL.	State	Zio Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Daty [MM/DD/YYYY] \$ Description of Contribution Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$					
House # Street Address Date [MM/DD/YYYY] S Description of Contribution Full Name of Contributor House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S Poscription of Contribution Date [MM/DD/YYYY] S	The County of the State of the	l .		Date [MM/DD/YYYY] \$	
Date MM/DD/YYYY State Zip Code Date MM/DD/YYYY State Dat	Full Name of Contributor				
Date [MM/DD/YYYY] \$ House # Street Address City Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	House # Stre	et Address		Date [MM/DD/YYYY] S	_
Full Name of Contributor Date [MM/DD/YYYY] S	City	State	.Zip Code	Date [MM/DD/YYYY] 5	
House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Full Name of Contributor City Date [MM/DD/YYYY] \$	Description of Contribution	n .			
City State Zip Code Date [MM/DD/YYYY] S	Full Name of Contributor			Date [MM/DD/YYYY] \$	
Description of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$	House# Str	et Address		Date [MM/DD/YYYY] \$	1
Description of Contributor Date MM/DD/YYYY S		State	Zip Code	Dete [MM/DD/YYYY] \$	
Full Name of Contributor Date [MM/DD/YYYY] S					
House # Street Address Date [MM/DD/YYYY] \$ Gity Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$				Date (MM/DD/YYYY) \$	
Street Address Zip Code Date [MM/DD/YYYY] S				Date IMM/DD/WWY1 \$	
Description of Contribution Date [MM/DD/YYYY] S	House # Sti	eet Address			
Pescription of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	City		/	Date [MM/DD/YYYY] S	
Full Name of Contributor	Description of Contributi		1888 Waganson d Construents	W.36	
Date [MM/DD/YYYY] S	Full Name of Contributor			Date (MM/DD/ATM1)	
		reet Address		-	
City State Zip Code Date [MM/DD/YYYY] \$	Sucre a Silver a service de la company de la		Zip Code		
Description of Contribution					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

	(A)	1)(1)(4)	CAME	ate [MM/DD/YYY] \$	
Full Name of Contr	butor				
House#	Street Address			ate [MM/DD/YYYY] \$	
Olty	State	Zip Code		ate [MM/DD/YYYY] \$. <u></u>
				ccupation	
mpløyer Name	Address / Principal			escription	
Employer Mailing Place of Business	Address / Frincipal		0	f ontribution	
Full Name of Cont	Abutor			ate [MM/DD/YYYY] \$	
House #	Street Address		137999	/ate:[MM/DD/YYYY] \$	
City	State		2000	late [MM/DD/YYYY] \$	
			/	Occupation	
Employer Malling Place of Business	Address / Principal	\bigvee		of Contribution	
Full Name of Con	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Stat	e Zip Gode	199	Date [MM/DD/YYYY] \$	
Employer Name				Occupation Description	 .
Employer Mailin Place of Business	Address / Principal			of Contribution	
Full Name of Cor	tributor		2 ²	Date [MM/DD/YYYY] S	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	/Sta	5.5		Date [MM/DD/YYYY] \$	
Employer Name		Property was		Occupation	
Employer Mailir Place of Busines	g Address / Principal S			Description of Contribution	

SCHEDULE III Statement of Expenditures

Filer Identification Number: DEBRA CAMERON	
	Date [MM/DD/YYYY] \$
ERIE COUNTY VOTER REG.	10/04/2017 35.00
	Description of Expenditure
House # 140 Street Address W. Loth St.	
Zip	NICE CO. 117 CONTRACTEDS
City ERIE State DA Code 1650/	DISC-SUMMIT 102 SUPERVOTERS
To:Whom Paid	10/08/2017 15:78
WALMART	
House # 1825 Street Address DOWNS DR.	Description of Expenditure
City ERIE State PA Code 16509	LABELS
To Whom Paid	Date [MM/DD/YYYY] \$
KELLY PRINTING + GRAPHICS	10/10/2017 222.60
Second Address (T) 100 A C T A / T	Description of Expenditure
12022 FILMORE AVE. DUITE 10	Control of the Contro
City ERIE State PA Code 16506	PRINTING FLIER FORMAILING
	Date MM/DD/YXXYI \$
To Whom Paid To Comment of Page El	10/17/2017 278.40
TRI-COUNTY LETTER/PARCEL	Description of Expenditure
House # 2904 Street Address SHANNON RD. PRESORT	
State A Zip	MAILING OF FLIER
LACE	Date IMM/DD/WWI \$
To:Whom:Paid	10/22/2017 /2.56
Jam's CLUB	Description of Expenditure
House # 7200 Street Address PEACH ST.	
State 0 4 Zip	ENVELOPES
	Date [MM/DD/MM] \$
To Whom Paid	
House# Street Address	Description of Expenditure
House # Street Address	
City State ZIP	
Code	Date [MW/DD/WW] \$
To Whom Paid	Date (MW/DD/11/11)
	Description of Expenditure
House # Street Address	Description of Approximation
Citie Zin	
City Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification N	umber:	DEBRA C	AMERON	√
Name of Creditor House #	Street Address	[Mr	Outstanding B DEBT INCURRED M/DD/YYYYY] Zip Code	alance of Debt
Description of Del			Outstanding E	Balance of Debt
House#	Street Address		Zip Code	
Description of De Name of Credito			DEBT INCURRED \$	Balance of Debt
City Description of D		State	AM/DD/YYYY] Zip Code	
Name of Credito	Street Address	<u> </u>	E DEBT INCURRED \$	Bálance of Debt
City Description of C Name of Credit		State		g Balance of Debt
House #	Street Address	State	E DEBT INCURRED \$ MM/DD/YYYY] Zip Code	
Description of Section of Name of Credit		DA	Outstandin TE DEBT INCURRED \$ [MM/DD/YYYY]	g Bálance of Debt
City Description of	Debt	State	Zip :Code	,